



STATE OF TENNESSEE  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 James Robertson Parkway Nashville, TN 37243-1142  
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

## **Architect Registration Exam (ARE) Information**

(for initial registration as a Registered Architect)

**You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.**

### **Law and Rules**

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2. You may, also, contact the Board office to request a copy of the Law and Rules, which are subject to change.

Before submitting this application, be sure you have met the minimum education and experience requirements for registration, because the application fee is **not refundable**.

### **Applicants with Foreign Degrees**

Rule 0120-1-.11 states that an architectural curriculum of four (4) years or more which is not accredited by the National Architectural Accrediting Board (NAAB) shall be referred at the applicant's expense to a person or entity approved by the Board and qualified to evaluate equivalency to a NAAB-accredited architectural program for evaluation and recommendation. The Board has approved Education Evaluation Services for Architects (EESA), which is administered by the NAAB, to evaluate foreign architecture degrees. For further information regarding the evaluation process, please contact EESA at the address below:

National Architectural Accrediting Board, Inc.  
1735 New York Avenue, NW  
Washington, DC 20006  
Phone: 202-638-3372  
Website: [www.eesa-naab.org](http://www.eesa-naab.org)  
E-mail: [eesa@naab.org](mailto:eesa@naab.org)

### **Applicants with Non-Accredited Domestic Degrees (including Canadian Architectural Certification Board [CACB] accredited and certified degrees)**

Rule 0120-1-.11 states that an architectural curriculum of four (4) years or more which is not accredited by the National Architectural Accrediting Board (NAAB) shall be referred at the applicant's expense to a person or entity approved by the Board and qualified to evaluate equivalency to a NAAB-accredited architectural program for evaluation and recommendation. The Board has approved a professor of architecture to evaluate non-accredited domestic architectural degrees. The cost for such evaluations is \$40 per hour; an invoice for this service will be sent to applicants requiring evaluation following receipt of the evaluation.

### **Residency Requirements**

An applicant for registration by exam must meet Tennessee's residency requirement ([Rule 0120-1-.03](#)).

## Intern-Architect Development Program

Effective December 1, 1984, an applicant for registration by exam must have completed the Intern-Architect Development Program (IDP) of the National Council of Architectural Registration Boards (NCARB) prior to registration. You will need to request that NCARB transmit your IDP record to the Board before registration may be granted. For complete information about IDP, please contact [NCARB](#).

## Early ARE Eligibility

Interns wishing to sit for the ARE before completing IDP must file this application with the Board and request that NCARB transmit a record summary to the Board office confirming that they have enrolled in IDP. Applicants applying for early ARE eligibility must also submit a transcript(s). Your transcript(s) must be submitted directly to the Board office from each institution attended. Upon completion of IDP, a complete NCARB record must be transmitted to the Board and references must be submitted before registration may be granted.

## Forms

### (1) Application Form –

- Fill out the application form completely (on-line or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide detailed information in regard to design work on projects, progressive in nature, to enable evaluation of experience. All time/experience must be accounted for whether it is related to architecture or not. You must show the minimum required years of experience at the time of application.

### (2) Reference Form –

- Submit five (5) references from persons acquainted with your technical ability and character.
  - Three of the five references must be from registered architects.
  - No more than three (3) references can be from your current employer.
- References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).
- References from relatives are not acceptable.

You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

## Fees

Submit the application fee with your application. Make check payable to the **Tennessee Department of Commerce and Insurance**.

Application Fee – **\$30** (non refundable)

ARE Fees – to be paid at test center ([Click Here for test fee information](#))

Biennial Registration Fee – **\$140** (due after ARE is passed)

## Review Procedure

When your application packet is complete, it will be circulated among the architect members of the Board for review. If approved to take the Architect Registration Exam (ARE), the Board office will notify you and NCARB of your eligibility to take the exam. NCARB will provide all eligible candidates with information about taking the exam. For additional information about the ARE contact [NCARB](#). The review may take up to eight weeks.

## Location of Exam Sites and Scheduling Information

Once this Board establishes your eligibility, you may take the exam at any location where it is offered. To take an ARE division, schedule an appointment with the test center (a Prometric Test Center) of your choice. There is no required sequence, so you may sign up to take any division(s) of the exam at any time, at any location, if there is space available. A tutorial will be available at the test center. The specifics with regard to the location of test centers, scheduling and/or canceling an appointment, etc., should be worked out directly with the test center.

The ARE is currently offered on an on-going basis, six days a week, in the following cities: Chattanooga, Clarksville, Franklin, Knoxville, Madison, and Memphis; however, you are not limited to taking the exam in Tennessee. [Click Here](#) for a complete list of test center locations.

## Score Reporting Procedures

This Board will notify you of your score(s) when they are received from NCARB's vendor. You will have to wait 6 months to retake any division on which you are unsuccessful.

## ARE Rolling Five-Year Clock

To pass the ARE, an applicant must achieve a passing grade on each division. A passing grade for any division of the ARE shall be valid for five years, after which time the division must be retaken unless all divisions have been passed. NCARB may allow a reasonable extension of such period in circumstances where completion of all divisions is prevented by a medical condition, by active duty in military service, or by other like causes. Although NCARB will not accept scores beyond five years for the purpose of NCARB certification, *Tennessee Code Annotated* Section 62-2-504(c) allows candidates to retain credit indefinitely for any parts of the exam passed for the purpose of Tennessee registration.

For more information regarding the rolling clock [Click Here](#).

## Pending Status

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application. These requirements include passing the required registration exam.

## Professional Privilege Tax

All architects, engineers and landscape architects registered in Tennessee with an active registration status as of June 1 in a given year are required by State law to pay to the Department of Revenue an annual professional privilege tax. This tax should not be paid at the time of application. If your application is approved, and your registration status is active on June 1, you will be billed for the tax by the Department of Revenue. [Click Here](#) for additional information.

## **Board Contact**

If you have questions about any of this information or about your application, call Joyce Shrum, Architect Applications Coordinator, at 800-256-5758, 615-741-3221, or send an e-mail: [joyce.shrum@tn.gov](mailto:joyce.shrum@tn.gov)

Updated December 2008



State of Tennessee  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1142

## APPLICATION FOR ARCHITECT REGISTRATION

Type or print legibly

Full Name \_\_\_\_\_  
Last First Middle

Social Security No. (last four digits only) \_\_\_\_\_ Date of Application \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ County \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Official Capacity \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_ Business \_\_\_\_\_ Residence

Date of Birth \_\_\_\_\_ City/State \_\_\_\_\_

Citizen of (State/Foreign Country) \_\_\_\_\_ Can you speak and write English? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you completed the Intern Development Program? (Requirement effective December 1, 1984) \_\_\_\_\_ Yes \_\_\_\_\_ No

I am applying for registration by:

\_\_\_\_\_ Examination

Do you have a disability which may require special accommodations in taking an examination? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Comity \_\_\_\_\_ Reapplying NCARB Certificate Number \_\_\_\_\_

(For Board use only– Please do not write below this line.)

Board Review – Examination				Board Review – Registration			
Board Member	Date	Aprvd	Dis-aprvd	Board Member	Date	Aprvd	Dis-aprvd

Full Name \_\_\_\_\_

If you have ever changed your name through marriage or action of a court or have ever been known by any other name, please list name(s) and date(s) of change \_\_\_\_\_

Have you passed a written NCARB exam? \_\_\_\_\_Yes \_\_\_\_\_No

If so, name state and year \_\_\_\_\_

In what states are you registered? \_\_\_\_\_  
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them \_\_\_\_\_

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings? \_\_\_\_\_Yes \_\_\_\_\_No

If so, name state and year \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_Yes \_\_\_\_\_No

If so, name place and year \_\_\_\_\_

#### PROFESSIONAL/TECHNICAL AFFILIATIONS

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#### EDUCATIONAL BACKGROUND

Colleges, Universities,  
Technical Schools

Dates of Attendance  
(From-To)

Date of  
Graduation

Degree  
Received

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Full Name \_\_\_\_\_

**EXPERIENCE**

List each engagement *in chronological order beginning with first engagement*. Provide detailed, but concise information of progressive experience on architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment Years  ----- Months	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

**EXPERIENCE**

List each engagement *in chronological order beginning with first engagement*. Provide detailed, but concise information of progressive experience on architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment Years  ----- Months	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor

(Attach additional experience sheet if necessary, using the same format)



Full Name \_\_\_\_\_

**EXPERIENCE**

List each engagement **in chronological order beginning with first engagement**. Provide detailed, but concise information of progressive experience on architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

*List names and complete addresses of five architects acquainted with your technical ability. Three references must be from registered architects. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and past employer/supervisor (if applicable). References from relatives are not acceptable.*

References – Registered Architects	Complete Address
Current supervisor	
Past supervisor	

#### APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as an architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



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## REFERENCE

**This request letter is to be completed by the applicant**

(Name and Address of Reference)

Re: \_\_\_\_\_  
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to

practice ☐ architecture  
☐ engineering  
☐ landscape architecture

Please send the information requested on the reverse directly to the Board office. *If more space is needed, please do not write on the back; use a separate sheet of paper.*

\_\_\_\_\_  
(Signature of Applicant)

Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

(see Page 2 – Reference )

Applicant's name \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE**

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

1. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_ inclusive
2. Are you in any way related to the applicant? \_\_\_\_\_ What relationship? \_\_\_\_\_
3. What has been your connection with the applicant? \_\_\_\_\_  
\_\_\_\_\_
4. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What is your opinion of the applicant's personal integrity and general character? \_\_\_\_\_
6. Please give your estimate of the applicant as an \_\_\_\_ architect \_\_\_\_ engineer \_\_\_\_ landscape architect. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. To your knowledge, has the applicant ever been convicted of a felony? \_\_\_\_\_
8. Would you employ the applicant in a position of trust? \_\_\_\_\_
9. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? \_\_\_\_\_
10. If the applicant is in individual practice, please indicate the nature of the practice \_\_\_\_\_  
\_\_\_\_\_
11. Do you recommend the applicant for registration? \_\_\_\_\_
12. Remarks concerning the applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the previous page.

- a. My full name is \_\_\_\_\_  
(to be typewritten or printed)
- b. My present employer is \_\_\_\_\_
- c. My title or position is \_\_\_\_\_  
\_\_\_\_ architect
- d. I am/am not a registered \_\_\_\_\_ engineer  
\_\_\_\_\_ landscape architect in the State of \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_  
(Date) (Signature)

\_\_\_\_\_  
(Address)



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THE REGISTRAR

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Dear Sir:

I am applying for registration as a/an

☐ architect ☐ engineer ☐ engineer intern ☐ interior designer ☐ landscape architect

The Tennessee Board of Architectural and Engineering Examiners requires a transcript of my record.

I attended \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
College or University Date Date

and graduated on \_\_\_\_\_ with \_\_\_\_\_ degree in \_\_\_\_\_  
Date Type of Degree

My social security number is \_\_\_\_\_

I will appreciate your forwarding a transcript of my record to:

STATE OF TENNESSEE  
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500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-1142

as soon as possible, since my application will not be considered by the Board until the transcript is received in the Board Office.

If there is a charge for this service, please forward a statement to me at the above address.

Sincerely,